

THE RELATIONS OF NERVOUS DISORDERS IN WOMEN TO PELVIC DISEASE.¹

REMARKS BY

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As I understand the subject for discussion, it is an inquiry as to how far nervous diseases in women have their origin in pelvic disease.

This discussion will, of course, take many directions, and I could perhaps with profit offer the Fellows a long experience of many forms of neurosis associated with pelvic disease and cared for by a combination of medical means with the aid of mild local and mechanical treatments. This has, however, been so often and so completely done in the past that I prefer rather to consider with the main subject how far the increased use of surgical methods in dealing with pelvic diseases has been an advantage.

I have not had time to go far in either direction. I shall therefore fall back upon the large general knowledge which a man stores up in his mind as the result of years of thoughtful experience; and I shall not attempt to be statistical or to report cases at length.

I shall consider the chief neuroses. I shall ask if they depend on pelvic functions and how far surgical destruction of function and removal of pathological tissue is therapeutically of use. I shall not consider pain nor asthenic states.

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NOTE.—It will be observed that the subject has been discussed from the stand-point of the neurologist, gynecologist, and general practitioner. The papers have been arranged in this order.

I shall deal in this relation with epilepsy, insanity, and hysteria; three groups of disease which medical men for a long time have been apt to refer to disease of the uterine organs as a parent source.

And first as to epilepsy. There is a great deal in the history of this condition to justify this attribution. Thus, epileptic attacks are apt to return at the menstrual period with greater frequency than at others, and in certain persons (epileptics) the attacks never occur save when they appear either just before, just after, or during the monthly flow.

In all such cases both physicians and surgeons have been tempted to arrest, by oöphorectomy, this apparent cause of trouble, even where the organs were healthy, and they have been, of course, still more ready to interfere where the epilepsy was menstrual and the condition of the pelvic organs seemed to make oöphorectomy proper.

This seeming relation of disease to a function has led physicians and surgeons to think that to end the function will end the disease. Therefore many normal ovaries have been removed; with more reason, with larger hope, and with equal disappointment numberless diseased ovaries have also been taken away.

In no case seen by me has ablation of ovaries and termination of menstruation cured an epilepsy.

I have never sanctioned such operations where the appendages were sound. I have agreed thrice to these operations in epilepsy with such pelvic disease as of itself would justify oöphorectomy. In all three, after some delay, the fits returned and were in no way permanently aided.

I recall, as an illustration, a case in which there were epileptic states of great severity only at the menstrual epoch. The ovaries were apparently sound, but as two physicians and a surgeon were against me my opinion was not regarded, and ovariectomy was performed. The attacks, which had been daily, stopped for seven weeks after the operation, and the case was hastily spoken of as a great triumph. The patient, however, then became worse, and permanent loss of mind resulted. Such temporary cessation of epileptic attacks is too well known to the neurological consultant to call for remark from me. Change of environment, any great alteration of the habits of life, moral influences, and the like, may suddenly, and for a time, put an end to the fits; removal to a hospital will often do the same; change to a country life for a city patient, or the reverse, for a country patient, may all exert a temporary effect. I saw a number of cases during the war where life in camp postponed or lessened the fits, and two in which it put an end to an epilepsy.

I think that surgeons should be exceedingly careful as to operations for the disorder in question. They are often lured into operation for a trouble in regard to which they alone are asked to give an opinion, and operations are done without medical consultation, which to my mind is one of the great—shall I say surgical—evils of the present day. The ease of operation, the freedom from mortality makes that seem of little moment, which should in every case receive the gravest consideration. The surgeons here present to-night know that I am not now criticising them. But everywhere through this country men and, I fear women, are doing an amount of pelvic surgery which I am free to characterize as reckless, and which is too often based on inexperienced individual opinion. In fact, surgery has lost much of that keen sense of responsibility which grew out of the larger mortality of other days.

The insanities of women present a somewhat different case.

Insanity of various types in women occurs in which the menstrual period is sometimes the originative and sometimes the determinative cause of the mental disease.

Because an insane woman is usually worse at her period, it is no reason why the flow should be stopped by operation any more than that this measure should be resorted to for epilepsy. That the climacteric puts an end to these disorders is an old delusion; in fact, the change of life, so-called, is quite as likely to make them worse as to better them.

In certain constitutions the menstrual period is always a time of mild melancholia, and this disorder may then rise to the grade of suicidal danger in certain persons who are neurotic, and from other causes in indifferent health. When such cases are extreme it becomes a question whether it may not be right to interrupt even a normal flow from organs which are healthy; but the necessity should be a very grave one.

I recall four cases, three of which illustrate the occasional value of bringing about surgical cessation of the menses in order to relieve insanity. On the other hand, I have seen at least a score where the cases were ill chosen and no good was done by stopping the flow. In each of the four cases of which I shall speak consultations were held with two other men in the profession.

The first case was that of a highly hysterical, cultivated lady of 40 years, unmarried, as, in fact, were all the cases referred to. After long years of aggravated hysteria she suffered so much from melancholia at her menstrual period that she besought me to give her relief. Operation was positively refused by her family, but five or six years later, as she was getting much worse, she took matters into her own

hands, and oöphorectomy was performed by Professor Goodell after I had yielded a reluctant consent. This resulted in remarkable improvement of her physical health, but the insanity became abruptly worse, and has now lasted for twelve years. It should be said that the condition of the organs at the time of operation was such as to furnish some excuse for their removal.

The second case was that of a lady of 34 years ; unmarried ; highly educated ; and possessed of a large estate. Her entire family had died of brain trouble, and several had been insane. At the age of 29 years she began to have occasional attacks of hysteria of the aggravated type so common in France, so rare in this country. Later these attacks clustered about the menstrual period. In the intervals she was comparatively well. Soon after I took charge of her she became violently homicidal at the menstrual epochs. The details of this case I have given elsewhere, hence I shall not report it further here. Her condition became so distressing that oöphorectomy was performed, and the organs were found to be as nearly normal in appearance as they ever are. She ceased to flow, but for many months she had slight hysterical attacks without melancholia. She was able, however, to spend her summers in the woods, and, having all the advantages of wealth, she gradually improved, until now she has been perfectly well for many years.

The third case was that of a lady situated very similarly. She was about 34 years of age when I first saw her. At the time she was 30, her periods began to be accompanied by marked and increasing nymphomania. She was a woman of firm beliefs, great resolution, and singular purity of mind. The condition distressed her deeply, and as it was associated with furious sexual dreams at the time of her periods, she implored me to put an end to the menstrual flow.

Examination revealed enlarged ovaries and serious tubal disease, the nature of which I do not now recall. Oöphorectomy was performed by the late Professor Goodell. She lost her mental disorder at once and is well at the present time, although it was a year before she recovered fully from the effects of the operation.

The fourth case was one of melancholia at the menstrual period, with maddening headaches, in a woman 26 years of age. She had grave disease of the tubes and ovaries, and she suffered severely. As soon as the organs were removed and she ceased to flow she recovered her physical health and slowly lost her melancholia. She never regained the physical health she had before the operation. Although it is thirteen years since she was operated upon, she has at each time of the month when the menstruation should occur the same character of headache as she had before operation.

A great many aggravated cases of hysteria have disease of the pelvic organs, which is so apparent as to make recovery by removal of the ovaries and tubes seem probable. A large percentage of these cases are not made better by operation, but, on the contrary, are often made much worse, or else gain nothing on the side of the neurosis.

I do not say that this is always the result, but I wish to insist that we must not expect too much from the knife alone. Were I to criticise further the pelvic surgery of the day it would be in the direction of the absence of prolonged preparative treatment. Usually a year passes after operations of the nature now considered before full health can be expected, and a great many cases of oöphorectomy suffer for years with pain in the region of operation.

I conclude that epilepsy truly dependent upon normal uterine function or due to abnormal states of the sexual apparatus is rarely (I am tempted to say never) seen. In all my life I have met with but four reflex epilepsies; none were from uterine or ovarian or tubal disease.

I am strongly inclined to think that some, at least, of the cases classed as epilepsies of ovarian origin are in reality excessively violent hysterical convulsions. Every neurologist here will recall how often he has been called upon to treat a case for epilepsy when the attacks were merely a severe form of hysterical spasms.

I conclude also that insanity is aggravated by the menstrual epoch, whether normal or not; but that it is very rarely caused by it alone.

Hysteria is not a disease of sex, and it is not often cured by oöphorectomies alone, even by such as are justified by physical disease.

I am inclined to think that post-operative traumatic insanities are more common after pelvic operations than after others. A great deal of uterine and ovarian disease should escape the knife by the use of patient medical treatment. No grave surgery of the pelvis should be allowed without medical consultation.

I further conclude by stating that both Goodell and I have long suspected that insanity after operations is sometimes due to the anesthetic, since twice we saw it follow operations of a quite trivial nature; but this is somewhat off from the line of this discussion.

REMARKS BY

CHARLES K. MILLS, M.D.

The few remarks that I have to make will be based upon personal experience, and are in the main suggested by what has already been said in the discussion. It should first be remembered that pelvic disease or disturbance is sometimes the result of mental or nervous disease. It is, of course, well known that during the progress of melancholia menstrual disorder and even the entire cessation of menstruation is not infrequent.

Touching upon another point, brought out by the previous speakers, I am inclined to make the assertion that a real epilepsy, a real hysteria, or a real melancholia was never absolutely caused by pelvic disease. These affections are essentially affections of the nervous system, although it is true that pelvic disease, like other serious disturbances of the system, may act as exciting causes in those who are predisposed. The neurotic constitution is the primary and underlying factor. Neurasthenia in some instances seems to be directly traceable to pelvic disease.

Gynecologists should become familiar with certain cases of obsession or monomania. Patients suffering with such obsessions are, in fact, the victims of elementary delusions. A patient may have an obsession as to pain in any part of the body, and I have seen some extraordinary cases of this kind in which the pain was referred to the pelvic organs, but in which most careful and prolonged observation could discover no local disease to account for the pain. Operations are sometimes performed upon these cases, only to have the pain return in the same or in some other place. Some of these cases are probably to be ranked as instances of hallucinatory pain. Although it may at first sight appear somewhat foreign to the subject, I might here recall the case of a patient who first complained of pain at the base of one of her teeth. One tooth after another was removed, in the vain search for the source of the pain, until she lost every tooth, and the last that I heard of her, an oral surgeon was trying to find the cause of the pain in the cavity caused by the removal of the last of her teeth. Some of the cases referred to by Dr. Hirst in his remarks are of this character,—that is, their pains and aches are psychical, in their heads, and not in their pelves.

With regard to insanity following operation upon the pelvic organs I might summarize what I have to say by stating that I can recall at least three distinct forms of mental disorder subsequent to such operations: (1) A form of acute mania; (2) delusional insanity,

the delusions occasionally having some reference to the operation; and (3) a form of querulous melancholia. Hysteria with all its morbid train not infrequently remains after operations which have been intended for its relief. In some instances, however, operations may be desirable, or even demanded. When pelvic disease is clearly present, operation or local gynecological treatment may do much for the patient, and in very rare instances, even when marked evidences of disease are not present, ovarian operations seem to be beneficial, as when extreme nervous excitement is present at or near the time of menstruation.

The Fellows of the college will remember that some years ago I presented a paper on neuritis and myelitis following labor. Some of the points to which attention was called in the paper are well worth remembering in the present discussion. The probable presence of neural inflammation should be remembered by the gynecologist regarding the cases which come into his hands for pelvic treatment. The nerves of the sacral plexus are not infrequently the subject of a subacute or chronic inflammation. One of the greatest benefits of the rest treatment is the relief of this inflammation.

REMARKS BY

WHARTON SINKLER, M.D.

The subject which has been so ably discussed this evening from the stand-point of the gynecologist, and that of the neurologist, is one of great interest. If a woman becomes afflicted with a nervous disorder of any kind, the first thought of her friends is that she must have some disease of her sexual organs. This view is so common that, at the present day, many cases of purely nervous disease are brought first to specialists in women's diseases. I am happy to say that it is now the rule for gynecologists to refuse to treat these cases locally. A few years ago, nearly all cases of hysteria or neurasthenia were treated for months and even years by means of pessaries, local applications, dilatation of the cervix, and curetting, and in an appalling number of such cases, perfectly healthy ovaries were removed with the idea of relieving the nervous derangement from which the patient was suffering.

The late Dr. William Goodell showed his great wisdom when he declared that the pelvic organs were not nearly so often to blame as was commonly supposed, and he cried "halt" to the frequent operations which were being done without sufficient justification. The physician in charge of a case of mental or nervous disease, generally has a constant struggle to keep up with the friends and relatives of

his patient, who are eager for an examination or local treatment, or it may be, operation. It seems to the laity, and, indeed, the same idea is found to prevail among some members of the profession, that there must be some local disease to cause any nervous disorder in a woman, and an operation, or possibly, the correction of some uterine displacement, will be a short way to complete restoration of the patient's health. To some extent, gynecologists have been to blame for this popular cry for operations on the pelvic organs. A few years ago, specialists were far too ready to operate, and they did not always deem it necessary to find evidences of disease in the organs themselves before they were removed. Ovariectomies were done for the relief of epilepsy, insanity, hysteria, and even for idiocy. The number of operations done upon the pelvic organs has been enormous. A recent writer¹ quotes Dr. Cann as asserting that "in Paris, since 1883, 40,000 ovariectomies or hysterectomies have been performed, and estimates that there were 500,000 such operations done in all France during that time." Dr. Cann says, "of 102 operations done at St. Joseph's Hospital in Paris, all who escaped death are in a more deplorable condition than before operation, and that the nervous conditions were augmented in almost all." He thinks that "probably 4 per cent. derived some benefit to the nervous troubles from the operations."

The amount of literature bearing on the relations between nervous disorders and the diseases of the pelvic organs is very great, but the testimony adduced is most contradictory. As a rule, gynecologists favor operations, with, of course, exceptions, while neurologists oppose them. Gray believes that there is no proof that genital irritation in males or females can cause nervous or mental disease, except in predisposed persons. Rohé, on the contrary, who has had a large asylum experience, believes that many cases of insanity in women depend upon pelvic disease, and are cured or benefited by operations. Krämer has collected all the cases he could find of ovariectomies and other pelvic operations which were performed for the relief of neuroses and psychoses, and has gathered together from various sources 300 such cases. In 200 of these cases the operation had a beneficial effect; and in 100 it was doubtful or unfavorable. The author reports two cases of his own which were cured of hystero-epilepsy by operation, but he maintains that the same result could have been reached without mutilation, and this is probably true of the majority of the 200 favorable results which he reports. Charcot condemned all operations upon the pelvic organs in the treatment of hystero-epilepsy,

¹ Dr. C. W. Chancellor, Maryland Medical Journal, October 3, 1896.

mania, etc. He did not believe that such conditions as genital hysteria, genital epilepsy, or menstrual epilepsy existed. Other French writers, Giles de la Tourette, for example, hold the same views as were held by Charcot.

There is no doubt that there have been a number of cases of nervous disorders which have been relieved by operations upon the uterus or ovaries, and it is no doubt true that some of these cases would not have recovered had no operations been done, but we must bear in mind the effects of operations *per se*, and I would call attention to the valuable paper on this subject by one of our Fellows, Dr. J. William White.

Like Dr. Mitchell, I have seen several cases of melancholia recover speedily after some serious accident. A patient of mine attempted suicide by setting her clothing on fire. She was terribly burned, but almost immediately recovered her reason.

My own experience has been that comparatively few nervous or mental disorders depend upon uterine or ovarian disease, and that, unless there is a highly neurotic tendency in the individual, neither disorders in the pelvis nor in any other part of the body produce reflex nervous diseases.

Time will not permit me to give illustrative cases, but I have seen many patients, three or four years after the removal of the ovaries and appendages for the relief of some form of nerve-trouble, who were, if anything, worse than they had been previous to the operation. Many of these patients have been completely restored to health by other means, but it must be admitted that there are other cases which have not been benefited by any plan of treatment. I recall one case in particular, in which Dr. Battey, the great advocate for the operation of oöphorectomy, had operated himself for hysterio-epilepsy, three years previous. The patient's condition was deplorable; the attacks of hysterio-epilepsy were of frequent occurrence; her body was emaciated to the last degree, and her stomach tolerated almost no food. Under a course of "rest" treatment, the patient recovered her health entirely, and has remained well to the present day, a period of over six years.

Another patient, who had extreme neurasthenia, with severe attacks of abdominal pain, and inability to walk, was seen two years after an operation for the removal of the ovaries, in the same condition as she had been previous to operation. She recovered under careful management, and has remained a comparatively well woman. I could also mention a number of cases that had been condemned to lose the ovaries, and who recovered their health through other means.

If pelvic disease exists, it often aggravates all nervous symptoms,

but in many instances the menstrual disorders and ovarian neuralgic pains seem to be rather the result than the cause of the existing nervous disease.

REMARKS BY

F. X. DERCUM, M.D.

The two great neuroses to which women are especially liable, neurasthenia and hysteria, have etiological factors so numerous and diverse that a brief study of the subject cannot but convince us that pelvic disease, if it can be considered a factor at all, can only be concerned in a small percentage of cases. In looking for a special cause for neurasthenia or hysteria such etiological factors as neuropathic heredity, improper education, the strains imposed upon women both during adolescence and during adult life,—strains entirely independent of their sexual functions or of any possible pelvic disease,—such, for instance, as overwork, the worries incidental to household duties, the care of children, the daily frictions of life, are too often overlooked. These general factors are far more potent as causes of the great neuroses than local disease, no matter how serious its nature. Local disease, it must be remembered, if it acts at all, can only act as an exciting cause upon an organism already gravely predisposed. How little local organic disease of itself acts as a factor in the causation of hysteria every one of us will recognize when I cite but the single instance of cancer of the uterus in which neurasthenic and hysterical symptoms are notoriously absent. Is it not, indeed, significant that in such a grave pelvic disorder these symptoms are rare, and that in the majority of cases the hysteria and neurasthenia are referred to such trivial conditions as a tear of the cervix or laceration of the perineum or, perhaps, an apocryphal ovarian tenderness.

If local, organic disease acts even as an exciting factor we should certainly meet with nervous affections in grave forms of pelvic disorder most frequently and little or not at all in the minor pelvic troubles. It is hardly necessary to point out the unequivocal existence of neurasthenia and hysteria in the male, where by no possibility can these disorders be ascribed to pelvic disease. Again, experience demonstrates that surgical interference does not cure either neurasthenia or hysteria, and as far as pelvic or abdominal operations are concerned, especially ovariectomies, it is universally conceded by neurologists that the patients instead of being made better are made worse. Every one of us has had under his care and observation cases in which the nervous conditions, which the operation was intended to relieve, were made indescribably more severe by the added symptoms of an enforced and premature menopause.

Admitting, however, for the sake of argument, that nervous disorders which owe their origin to pelvic disease really exist, these disorders would be separable into two groups : first, the general neuroses, neurasthenia, and hysteria ; and, secondly, local nervous affections directly dependent upon the organic disease within the pelvis.

As regards neurasthenia, let me point out that it is separable into, first, neurasthenia simplex, and, secondly, neurasthenia symptomatologica. The latter is not a true neurasthenia but a spurious neurasthenia, and if pelvic disorders are concerned at all in the production of neurasthenia it must be this spurious or symptomatic form. It is conceivable that serious local disease shall weaken the entire organism and with it the nervous system, and that various signs of nervous weakness should be present is but natural, but these signs do not make up that disease which we know typically as neurasthenia simplex. They are symptoms of nervous weakness such as accompany *other* diseases either local or general. They are seen, for instance, in phthisis, in chlorosis, and the various anemias, in the toxemias due to infection or metallic poisoning and in other grave disturbances of nutrition, but we will all agree that they form in such cases a very subsidiary and very unimportant group of the symptom complex. Strangely enough, as I have already pointed out, nervous symptoms are not present in really grave pelvic disease such as cancer, but pelvic lesions are only discovered in cases presenting nervous symptoms after careful search by skilled diagnosticians, and then consist of lesions, as a rule, un consequential and unimportant.

To some extent of late years gynecologists seem to have recognized these facts, because minor gynecology, so-called, is happily almost abandoned. The amount of harm that the unnecessary handling and meddling with the genitalia has done can probably never be estimated. One can hardly judge of the enormous mental impression a first examination must make upon a young girl, especially if that girl is already hysterical and neurasthenic, already neuropathic by heredity and predisposition. Not only is the great evil of the moral shock to be taken into account, but the fact that there is lodged in the patient's mind a more or less vague but fixed belief that she has some mysterious local disease to which she only too willingly agrees to attribute her nervous manifestations. In consequence, she sooner or later insists upon a repetition of the examination or a continuance of the local treatment once begun, and the morbid idea thus implanted becomes hopelessly rooted, never, perhaps, to become displaced.

These words apply also to the harm done to adult women ; to married women. The old practice of swabbing the cervix, of cauter-

ization, or of pencilling with iodine or carbolic acid, and the more modern fad of introducing an electrode into the vagina,—in short, the handling, the sounding, the passage of the speculum itself have done nothing to cure the patients, but have superimposed upon the pre-existing neurasthenia and hysteria a train of morbid ideas which not infrequently grow into a veritable psychosis. Not only does the patient acquire the fixed belief that there is something serious and mysterious the matter with her, but she has added to this belief the dread of sterility, the dread of hopeless organic disease, or the fear that she has become unfit for marriage; or other equally depressing ideas make their appearance. Surely, if the pelvic organs really play a *rôle* in the etiology of neurasthenia and hysteria, it is largely because the gynecologists have created that *rôle*.

Among the symptoms presented by hysterical women there is one deserving of especial attention. It is one which, more than any other, suggests to physicians unacquainted with hysteria, pelvic disease. The symptom is that of the so-called ovarian tenderness, so misnamed by the French. This ovarian tenderness is, as a rule, only evident upon pressure, light or deep, applied just above the groin. In some cases, however, instead of there being merely tenderness, it amounts to a constant and severe pain, for which the patient anxiously seeks relief. The position of this symptom of ovarian tenderness in the syndrome of hysteria is so well known that it needs hardly to be mentioned. The pain is as a rule confined to a limited area, is found most frequently upon the left side, and is very often associated with a similar, though somewhat larger, area of tenderness beneath the left mammary gland, and, it need hardly be said, also, with other definite well-marked hysterical stigmata, which it is not necessary to touch upon here. As a rule, the seat of this "ovarian pain," or *inguinal* pain as it ought to be called, is revealed by careful examination to be superficial and not deep. That it is really situated in the skin and tissues of the abdominal wall and not within the pelvis, I believe, can always be demonstrated by means of the following procedure: The painful area having been carefully localized on the abdominal surface, the tip of the forefinger of the right hand is allowed to rest lightly upon it; the left forefinger is then introduced into the vagina and directed upward and to the left until its tip is immediately beneath the tip of the forefinger of the right hand which is upon the abdominal wall. Just as soon as pressure is made between the two fingers, the patient flinches, while the patient does not flinch when pressure is made in other directions or when other portions of the abdominal wall are included.

By this means I have succeeded not infrequently in isolating and demonstrating beyond a doubt the site, and therefore the character, of the pain. In some cases, just as in spinal tenderness, the pain radiates and becomes somewhat diffused, but it always radiates from a superficial centre in the abdominal wall. Just as there are cases of spinal tenderness in which the tenderness is at one time superficial and at others deep, so there are cases of inguinal tenderness in which the tenderness seems at times to be deep-seated; but even here, by the procedure I have described, the maximum point of pain can always be isolated and shown to exist in the abdominal tissues.

This hysterical inguinal pain has at times forcibly suggested to me the *clavus hystericus*,—the boring, penetrating pain which hysterical patients feel in limited areas about the head,—and, indeed, in rare cases this inguinal pain is just as severe and just as agonizing, but is no more intrapelvic in its origin than is the *clavus* of the head. If any doubt with regard to the nature of the pain were to exist in our minds, it would be instantly dispelled when we realize the fact that we very frequently meet with it among men, and secondly, also, in women whose ovaries have been removed,—removed, indeed, in a vain attempt to relieve this pain.

Hysteria and neurasthenia are great neuroses with little or no relation to local conditions. They are diseases general in character, aggravated, it may be, now and then by special local lesions, but certainly not caused by them. The origin of these diseases is to be sought for in the ancestry, in the bringing up of the child, in its training, in its education, in the struggles and in the trials of life, not in a laceration of the cervix, a cyst of the ovary, or a tear in the perineum.

If gynecologists retreat from the position that the great neuroses are caused by pelvic disease, but maintain, on the other hand, that local nervous disorders are caused by them, I will ask, first, What are these local disorders? It is said, for instance, that lumbar and sacral neuralgia, pain in the sciatic distribution are caused by pelvic disease. If so, it has not been my fortune to meet with cases. I do not, of course, deny the possibility of their occurrence, but certainly lumbar or sacral neuritis and neuralgia due to such causes must be excessively rare. As regards other nervous symptoms, such as vague pelvic pains, pains referred to the back, the hips, or thighs, they certainly cannot be dignified by the term nervous disorder, but must be looked upon merely as symptoms of pelvic disease itself, just as there are various other surface areas of the body to which the pain of deep-seated organs is referred.

The mere fact that in mental diseases temporary improvement has now and then followed operations is no argument in favor of the application of surgical procedures in the treatment of insanities. I can supplement Dr. Mitchell's remarks concerning the improvement now and then seen in melancholia after trauma, by calling to mind similar instances following trauma occurring in so grave a mental disease as paresis. Indeed, in paresis marked remissions are sometimes brought about by accidents, burns, or acute inflammatory troubles, such as erysipelas.

In my opinion operations upon the pelvic organs should be limited to actual diseases, such as pyosalpinx and malignant affections. In such cases the operation should be performed, not for the relief of an incidental nervous symptom, but because of the local conditions themselves; just as we set a broken leg, not because the fracture occurs in an insane man, but because the leg is broken.

REMARKS BY

JAMES HENDRIE LLOYD, M.D.

Modern science has almost entirely abolished the idea that hysteria has its seat in the uterus, but in spite of this it seems that this idea still obtains to a certain extent in the minds of some gynecological surgeons. I do not quite agree with Dr. Mills, however, that hysteria can never be caused by pelvic disease. I think there is a difference between viewing hysteria as having its seat in the uterus and as having its exciting cause in the uterus. Hysteria is a psychoneurosis, but it can be excited by numerous diseases which act as exciting causes. It is conceivable that it might be started by a diseased ovary, an ovarian tumor, extensive cervical lesion or lesions of the floor of the pelvis; and in these cases operative interference might favorably affect the hysterical manifestations. Still, such complications, in my observation, are rare, and do not justify the opinion that grave hysteria has always, as an exciting cause, some obscure pathological state of the womb or ovaries. It must be recalled that the operation of castration in the female is sometimes followed by grave hysterical troubles, in such a case the very operation designed for relief becoming in turn an exciting cause of still more profound trouble. I have had under my observation for the last three months a young woman who is a typical case of hysteria. She is paralyzed from the hips down, and she has various other symptoms of a hysterical type. Her mind is completely perverted.

She has been operated on four times, all the operations being grave gynecological operations, two of them being laparotomies. I do not know how many of her pelvic organs have been removed, but

I know that these operations have succeeded in putting her into bed as a practically hopeless invalid. Such a case should stimulate gynecologists to attempt to make some use of suggestive therapeutics, and not to teach patients to rely entirely upon the knife. I recently had another case illustrative of another type of disease. The patient became a confirmed hypochondriac upon the subject of the health of her pelvic organs. She had been under my observation for several years, and her talk was almost constantly of her ovaries and womb. She could not talk to a physician without getting upon the subject and would talk about it for an hour at a time. She went into the hands of a prominent gynecologist, who wisely refused to operate, but she was not so fortunate in the hands of another surgeon, who operated upon her with the result that she died on the third day. This was a clear case of a useless sacrifice of life. The patient had no condition of her pelvic organs which, in my opinion, justified such a serious operation. I do not see how under such circumstances an operation of a grave character can be justified for what is practically nothing in the world but a hypochondria, dependent just as much on brain-disorder as insanity is dependent upon brain-disorder.

Another aspect of the case is the fact that some serious nervous conditions may rise in cases of real pelvic disease. Thus a patient may undergo a perfectly proper operation, and may develop insanity as a result of it. I saw a lady several years ago suffering from melancholia, the result of hysterectomy. I believe that the hysterectomy, although justifiable, acted as the exciting cause upon a woman already neurotic. She had peculiar obsessions and believed that she had done wrong in submitting to the operation. The mere fact that this operation had been successful might lead others into it, in her opinion, and this weighed upon her morbid sense of responsibility to the extent of causing a pronounced melancholia so that it was necessary to send her to a hospital for the insane. Another type, and an important one, is the so-called confusional insanity. This may follow grave gynecological operations, just as it may the puerperium. Kraft-Ebing is disposed to attribute these insanities to the effect of the chloroform, ether, iodoform, and other substances used by surgeons, but I do not know that he is correct. The fact is, however, that these insanities occurring after operations, just the same as the form which occurs after childbirth, are probably due to some form of infection of the blood. There is some septic condition which is the primary disturbing cause in these cases to produce this insanity. The importance of this class of insanities is that they usually occur in the most unexpected cases, and cases which are operated upon under favorable circumstances occasionally develop this grave disease.

REMARKS BY

BARTON COOKE HIRST, M.D.

Of all the lessons my work has taught me, I value none more highly than those which I have learned in the study of the pelvic organs of neurotic and neurasthenic women. I have had the good fortune for a number of years to examine many of the cases in the large neurological service of the Orthopedic Hospital, and by the kindness of Dr. Mitchell and of others, even a larger opportunity has been afforded me in consulting and in private practice to observe the relationship between nervous disorders and pelvic diseases in women.

I find that as the result of this experience certain propositions have formulated themselves in my mind to which I hold as valuable guides in practice.

(1) A neurasthenic woman, her family, or some one of her physicians will almost surely impute the nervous symptoms of the patient to disease of the sexual organs.

(2) A large majority of neurasthenic patients, I should say about four-fifths, give an entirely negative result on a pelvic examination, except for the ill-development of the sexual organs, which is such a constant accompaniment of a feeble nervous system in women.

(3) In a small minority of neurasthenic cases, the nervous disorders do seem to have had their origin in some pelvic lesion, and will slowly disappear when the pelvic disease is cured; but it is usually necessary to unite with the gynecological treatment a "rest cure," and if the cure of the pelvic disease is postponed too long it will have no influence whatever on the neurasthenia.

I believe that I can best explain what these propositions mean to me by citing a few illustrative cases with brief comments under each head.

Cases of Neurasthenia or Hysteria attributed to Pelvic Diseases that do not Exist.—Case of Miss S. Examined at the request of Dr. John K. Mitchell. Aged 25 years; difficult labor at her birth, and removed from her mother with forceps. Child in bad condition for twenty-four hours with a deeply indented head. A little more excitable and nervous than her sisters in early childhood. She has double inguinal hernia. She has two sisters who menstruated at the age of 13. She herself has never menstruated. Three maternal aunts never menstruated in their lives. They married, but never bore children. They each had double inguinal hernias. They were strong, hearty women without nervous manifestations. In this girl there have never been any menstrual molimina. There is a slight leucorrhœa at odd

times; not regularly once a month. The girl herself thinks that there is always some leucorrhea, but there is no increase of it at regular intervals. Urination not abnormally frequent; bowels usually constipated. Many queer nervous manifestations and perverted ideas, which apparently reach the grade of insanity.

She had been told by a female physician that all her nervous symptoms were traceable to "womb-disease," and after a vaginal examination this physician told the patient and her family that the nervous disorders could be cured by local treatment of the womb.

Pelvic Examination.—The vagina is a rather shallow cul-de sac not an inch deep. No trace of cervix, womb, tubes, or ovaries in a combined rectal and abdominal examination.

Diagnosis.—Congenital absence of all the internal sexual organs.

It is scarcely necessary to add that there was no disease of the pelvic organs which could be held accountable for the girl's nervous disorders.

Dr. Mitchell tells me that the patient is rapidly improving under his treatment of her neurasthenia. There are two explanations for the physician's mistaken statement in this case. One is that she really believed the patient had some pelvic disease, and, firmly impressed with this idea, that she really thought she discovered what was in her mind during the vaginal examination. There is scarcely a week in which I am not called upon to correct such errors. If our discussion serves, even in some degree, to prevent these mistakes in general practice it will indeed serve a good purpose, for they have many and serious ill results. They injure the physician's reputation and lessen his influence. They fasten in the minds of hysterical women ideas that are extremely difficult to dislodge, but which must be dissipated before the hysteria can be cured; and they lead to injudicious and unnecessary local treatment that very often establishes an inflammatory pelvic disease which did not exist when the treatment was begun. All gynecologists of experience will agree with me, I think, that this is a widespread evil in medical practice, often with lamentable and sometimes even with fatal results.¹

There is another possible explanation for the physician's conduct in the case just cited. She may have deliberately deceived the patient and her family for the large sum in the aggregate to be gained by a long-continued local treatment. I regret to say that occasion-

¹ I have seen in one week two cases of pyosalpinx, requiring abdominal section, that had their origin in unnecessary intrauterine treatment.

ally I encounter instances of such rascality invariably successful, for a time at least, with these most gullible of all patients,—hysterical women.

With your indulgence, Mr. President, I should like to describe one more instructive and typical case under my first heading,—that of a Miss S. I received some months ago a letter dated from a town in the interior of the State, from which the following extracts are made : “I am 41 years of age, have never been married, have been confined to bed seven and a half years with uterine troubles. I have displacement, flexion, and chronic inflammation, and much of the time acute inflammation. My stomach and bowels are very weak and trouble me very much. I had nervous prostration last April, and my nerves are still very weak and I tremble a great deal.” “I am very debilitated and cannot sit up at all. I shall be obliged to stay in the hospital several weeks after my arrival, and the doctor advises me to have an operation.” A few weeks later the patient arrived in the Howard Hospital. She told me it would be impossible to make a vaginal examination for three days, as she had used a very powerful astringent to keep up her womb on the journey, and that in consequence the vagina was so contracted it would not be possible to introduce even one finger for several days. I humored her whim and waited, meanwhile learning her history. From a long rambling account I recollect the following statements, made with the utmost conviction, and based, she said, on what her physicians had told her. Every time she stood erect or sat up, the womb turned upside down, and could only be replaced by her physician’s manipulations. The womb was prolapsed and threatened to emerge from her body at any moment. It was bent on itself and was ulcerated. Her ovaries were diseased, and so was the bladder. Sometimes she could not hold water ; at other times she could not pass it. She had been told and implicitly believed that nothing could cure her but the removal of the uterus and the ovaries.

I made a careful examination under ether of the pelvic organs, and of the bladder with an endoscope. Everything was perfectly normal and healthy, except that the sexual organs were ill-developed. On the following day, when I told the woman emphatically that there was nothing wrong with her but hysteria, she viewed me with the utmost resentment, and was as indignant as though I had taxed her unjustly with some disgraceful vice. She was at length persuaded, however, to transfer herself to the nervous ward in the hospital, under the care of Dr. John Madison Taylor, who finally sent her home in a condition best described by herself in the following brief extracts from a letter recently received : “I can walk all around

the house and wait upon myself." "I went to church yesterday and walked down the aisle without assistance. It was the first time I had been to church in eight years, and I could not have been more warmly welcomed if I had risen from the dead," etc.

During this woman's neurological treatment, she had several relapses to her old belief, and declared her conviction that she never could be cured without an operation.

One more illustrative case to show how little pelvic disease of a marked character may have to do with nervous symptoms that apparently depend upon it.

Mrs. B. ; married three years ; pregnant once ; child, 1 year old ; labor instrumental ; puerperium normal. Sickness returned four weeks after delivery and has recurred regularly ever since, but the interval between the periods is five to six weeks, and the discharge is scanty. There has been severe pain in the back and left groin since the childbirth, which is worse just before the menstrual flow. There is constant and profuse leucorrhea. Shortly before she became impregnated, epilepsy appeared after she had been sick in bed with nervous prostration two weeks. The spasms have ordinarily returned once in two months since then, but have been sometimes absent as long as five months. They have almost always appeared with the severe pain in the groin and back that immediately preceded the menstrual flow, although rarely the spasms occurred independent of menstruation.

Examination.—Left tube greatly distended, infiltrated, and firmly adherent ; ovary prolapsed, adherent in Douglas's pouch, enlarged and exquisitely sensitive.

Diagnosis.—Left-sided pyosalpinx. Operation recommended for the cure of the pelvic pain and disease with an idea that the epilepsy and other nervous disturbances would be benefited. Accordingly a large hydrosalpinx with dense adhesions and a diseased ovary were removed without special difficulty or complications.

Perfectly normal recovery from the operation with entire disappearance of all pelvic pain and the pain in the back, with gain in weight, and apparently a good effect upon the spirits, but the epilepsy in the year that has elapsed since the operation has become steadily worse, and the woman is now insane.

It is not necessary to dwell upon the last proposition, that occasionally the profoundest nervous disturbances appear to have had their origin in the long-continued, unceasing, and tormenting irritation of some pelvic lesion, and that they disappear when the pelvic disease is cured. Physicians, in general, are only too well aware of the fact and need no further instruction on it. It would be possible

under this head, to cite, from my own experience, some striking illustrative cases of reflex pains, of melancholia, of hystero-epilepsy, but it is unnecessary.¹ I feel that my small contribution to the study of the subject under discussion will be most useful if it conveys only the lesson that nervous disorders in women are to be explained usually *not* by pre-existing pelvic disease, but by a weakly organized nervous system unable to cope with the ordinary vicissitudes of life, or by some derangement of the nervous organism itself.

REMARKS BY

E. E. MONTGOMERY, M.D.

Frequently in passing along the streets I observe a sign which reads, "One Cause and One Treatment for all Diseases." This is evidently a case of mature specialism. Charges are not unfrequently made against gynecologists that they refer all diseases of females to some disorder of the genital organs. The paper with which Dr. Hirst has opened this discussion shows that he is one who has recognized that disturbances of the pelvic organs are not the sole cause of nervous diseases. It is, however, important to recognize and determine the exact relation of nervous disorder to an existing pelvic lesion. Not unfrequently we find patients treated for pelvic lesions, in whom the symptoms are thereby aggravated, and the patient suffers as much from the treatment as from the disease. On the other hand, we find many cases who are subjected to rest treatment and without effective result, for the reason that there is a local lesion which manifests itself as soon as the patient resumes her normal relations. In some cases the returning symptoms would be aggravated. It has been my fortune to see a number of cases subjected to rest treatment for various neurotic conditions, in whom there have been found distinct pelvic lesions, such as pus-tubes, hydrosalpinx, laceration, or a retrodisplacement. This neglect of consideration of the pelvic lesions, however, seems to be more marked on the part of those who treat mental diseases. In many of the institutions for the treatment of the insane, the proper examination of the pelvic organs is neglected, often, possibly, for the reason that it is difficult to conduct them. While I would not for one moment claim that the

¹ I find occasionally in my consulting practice that the general practitioner makes the mistake of overlooking some pelvic lesion and of treating in vain the reflex nervous and other symptoms springing from it, but the opposite error, in my experience at least, is much more common. A safe course, making mistakes of both kinds impossible, would be to procure from a specialist a report of the pelvic condition in the case of every woman with obscure nervous or other symptoms, traceable in any way, or imputed by any one interested in the patient, to pelvic disease.

existence of increased nervous phenomena at the menstrual period is an absolute indication that the pelvic disease is a source of trouble,—for we recognize that all disorders are aggravated at that period,—yet I do feel that a woman suffering from mental disease is entitled to a careful examination, and where a lesion of the pelvis exists sufficient to justify treatment if she were sane, such a patient should have the benefit of the treatment, even though insane. One difficulty which we will have to combat is that the diseased condition has frequently existed so long that structural changes have taken place in the organs which were irritated in a reflex way originally. A case recently came under my observation, a woman who had been insane for two years had been confined in an insane asylum on account of her tendency to commit suicide. I saw this case in consultation with Dr. Chase, who informed me he was unable to find any central lesion of the nervous system as a cause. On examination it was found she had a fibroid tumor which filled up the pelvis. She was placed in a hospital, the uterus removed, and the insanity disappeared. For two years subsequently no mental symptoms were present. She was able to take care of herself and to enjoy life in comfort. A few months ago, however, she again developed mental derangement, became exceedingly melancholy, and declined to eat. Three weeks after the occurrence of this relapse she died. This, in my judgment, was a patient who should have had earlier treatment, and it is possible that more prompt relief would have saved the production of structural changes in her brain, which made her more susceptible to the recurrence of the disorder. Another patient came under my observation who had been insane for four years. The ovaries, which were quite large, inflamed, bound down, were removed. Three weeks after the operation her mental symptoms disappeared, and she found herself in as good health as she had been prior to its first occurrence. She was able to secure a position as matron of a public institution, which position she retained for a year. She then had a relapse, and, I believe, is still confined in the Norristown Asylum. Both these cases seem to me to illustrate the importance of early treatment of a local lesion. Its neglect, undoubtedly, had such an effect upon the brain as to produce changes which rendered the individual more susceptible to subsequent recurrence. In the consideration of these patients, then, I would again urge that every insane patient in whom symptoms exist which attract attention to the pelvis as a possible source or cause of the disease, should be subjected to examination. Where lesions exist of such a character as to demand treatment in sane patients, an attempt should be made to give relief, although they are insane. No patient, simply because she is insane, or has

an aggravation of her symptoms at the menstrual period without lesions, which can be demonstrated by physical examination, should be subjected to operation.

REMARKS BY

CHARLES P. NOBLE, M.D.

My experience bears out what has been said by Dr. Hirst, that there are many patients who are supposed to have disease of the sexual organs, who are suffering instead from diseases of the nervous system, or from imperfect development plus diseases of the nervous system. Arrested development is the fundamental cause of many cases of nervous diseases simulating diseases of the sexual organs in women. I have long observed that women having imperfect development of the sexual organs have an unstable nervous system, and that, as a rule, they are not vigorous or normal women. Many of them have had chlorosis in girlhood. Some years ago I sent several patients having imperfect development of the sexual organs to Dr. Harrison Allen, and was much interested to learn that there was an irregular and imperfect development of the organs of the throat and of the anatomical structures in general. It is hardly necessary to point out that cases belonging to this group should be treated by general measures. The proper time to treat such patients is when they are children and young women. By restricting their hours at school, by giving general tonics, by curing anemia, and, above all, by securing active exercise out-of-doors, much can be done to increase the development of such patients, and to restore them to approximately a normal condition. After maturity has been reached very much less can be accomplished. I have seen early marriage and maternity prove of great service in some cases, but in others no such desirable results have followed.

On the other hand, I have seen very marked functional disease of the nervous system cured by operations on the pelvic organs. In three cases, hystero-epilepsy, which had persisted in spite of treatment at the hands of neurologists, disappeared after the removal of diseased uterine appendages. These patients remain well, although several years have elapsed since the operation. I remember a typical case of a reflex neurosis cured by a perineal operation. The patient suffered from aggravated dyspeptic symptoms, which had resisted well-directed treatment. She had a moderate laceration of the perineum, and as a result an irritable condition of the levator muscle. The pelvic organs were well supported, because what was left of the levator muscle was doing excessive work. The conditions were entirely similar to those present in muscle strain as found in certain eye

conditions. After the restoration of the perineum, the reflex symptoms promptly disappeared, and this patient has remained well for several years. The case was well studied by her family physician, Dr. Radcliffe Cheston. I also know of cases of insane patients having pelvic disease, who were operated upon, and after the cure of the pelvic trouble the insanity disappeared.

Not intending to take part in this discussion, I have not looked up the records of my work, or I could add very much to what has been said. My experience with cases that have been in the hands of both gynecologists and neurologists has been very unsatisfactory. I remember seven cases having disease of the sexual organs with very marked nervous symptoms that were treated by the rest cure for months. None of these patients were in the least benefited, but were subsequently obliged to submit to operation. The position taken by many neurologists towards operations upon the sexual organs of women is unfortunate for the cure of this class of patients. Remarks prejudicial to operative treatment act by suggestion upon neurasthenic and hysterical patients. Our friends, the neurologists, should bear this in mind. In my opinion, the rule to guide the surgeon in cases having pelvic disease with nervous complications should be to operate upon all cases in which the disease threatens life or breaks down the general health, irrespective of the nervous symptoms. I have had no cause to regret this course myself, and, on the contrary, the nervous symptoms have improved with the gradual restoration of the patient's general health. On the other hand, when the local disease does not threaten life nor seriously interfere with the patient's comfort, it is best, if possible, to improve or cure the nervous complications before resorting to operation. It is well to call attention to the fact that the neurologists see only a small percentage of operative cases, and that their views on the whole subject are apt to be tinctured by the small and exceptional class which come under their observation. It would be as logical to judge of a man's success in practice by considering only patients that have been treated by him who consulted other physicians,—that is, to consider only the failures, the partial successes, or the evidence of patients that have for one reason or other been dissatisfied,—and to leave out of consideration entirely the very much larger percentage of cases who are entirely satisfied with the results of treatment, and hence do not consult other medical men. It seems to me that this method of arriving at conclusions has been followed by some of our neurologists.

REMARKS BY

GEORGE ERETY SHOEMAKER, M.D.

There are no patients more difficult to deal with satisfactorily than the representatives of the great middle class who come from the small country towns with marked hysterical and neurasthenic conditions combined with pelvic diseases. I take it for granted that reputable gynecologists are not given to removing healthy organs for nervous symptoms or for pain only. The problem which presents itself, especially in the class of cases to which I have referred, who cannot live a life of idleness, is how to cure the patient, and this demands much thought. I frequently hear men say in reproach of surgeons that such and such a patient has had her ovaries removed; that she is very decidedly hysterical or neurasthenic, and that any man should have known that the removal of the ovaries would not cure her. It seems to me to be forgotten by such a critic that there is no evidence whatever in his hands that the ovaries were not seriously diseased, and that there was not present a neoplasm, and that the operation was not undertaken as simply one factor in endeavoring to cure the case. When these nervous cases come to us and we find that there is a minor pelvic lesion, we know that if we put them to bed, give them massage, electricity, and forced feeding, we will practically cure them *for the time being*. Many such patients are discharged from hospitals marked "cured," who go home with their pelvic lesion unchanged; while the mere resumption of the upright position and the old habits of life, including the irritation of the displaced uterus or the moderately inflamed tube or appendix, will put the patient where she was before. A man is false to his trust who does not endeavor to cure his patient permanently; but it by no means follows, as seems to be inferred by some men, that oöphorectomy should be done. Frequent criticism is made as to the size of the specimen on the table after an operation. In some cases where the removal of the appendix or tube seems to result in the removal of a very small specimen, the observer loses sight of the great importance of the organized inflammatory infiltration which surrounded this organ, and that it may have been the starting-point for attacks of localized peritonitis which have for years kept up the invalid state. A testicle incarcerated in the inguinal canal may require removal just as much when small as when large. Varicocele causes hypochondria in men at times, but only because it is a disease of the sexual apparatus, and not because it is large. The necessity for the removal of an appendix destroyed by inflammation rests not upon the size of the appendix, but upon its condition.

When a case presents itself with an important lesion, a conscientious man is obliged to try to remove it. Among the hopeful methods in modern gynecology is the permanent cure of those retroversions which cause trouble. If these are simple, no treatment is necessary, but if they are complicated, something must be done. One of the most important things to secure is the restoration of the ability to take exercise. Patients will often become comfortable under passive exercise and rest; but they must be put in a position where they can take exercise by themselves, or they will not remain either comfortable or free from nerve symptoms. Inability to take exercise without suffering at every step or from every jar in street-car riding, tends to keep up the idea in the patient's mind that she is suffering from some important disease, although you may assure her that she has no disease until the end of time. Hence arises the necessity for the cure of inflammatory conditions in bladder, uterus, tubes, ovaries. Where an infected tube or ovary has become the focus from which start repeated attacks of pelvic peritonitis this focus must be removed, regardless of its size, yet how many physicians who *never examine their cases* will treat such conditions for supposed ovarian neuralgia or neurasthenia, diagnosing the inflammatory attack itself as typhoid fever of obscure type, or as suspected tuberculosis. It is useless to attempt to cure cases of this kind, unless minor in degree and recent in origin, by rest alone, with or without the use of suggestion and a high type of moral instruction. When they resume their old life, which usually includes much stair-climbing and the care of children, their old troubles return, the real aches soon breed a large progeny of false aches, and within a year the patient is as bad as ever,—a nervous wreck, peevish, hysterical, helpless. What such a patient needs is never double oöphorectomy of sound organs for the sake of inducing the menopause and abolishing dysmenorrhea. She needs careful, intelligent treatment of the organs which are diseased, with possibly the surgical removal of tissue hopelessly diseased; but, above all, every effort must be made to preserve or restore her natural functions, and to disabuse the mind of the idea that there is any ovarian or uterine trouble. This last can only be done by making her comfortable. If after the first examination no disease is found all local treatment must be carefully avoided, and the case then treated along general lines, just as aches or pains in any other part of the body would be treated. Here lies the remedy for “rest treatment” and suggestion.

Frequently patients will state that they have been told by an operator that their ovaries must come out, when no such statement has been made. This is a matter of experience which every surgeon

can appreciate. A most cautiously guarded preliminary opinion, if it includes the suggestion that treatment may fail to cure a diseased condition, after which the question of operation would have to be considered, is a verdict in the minds of many a thoughtless patient. The writer recently performed hysterectomy for cancer on a patient who casually told him that a distinguished neurologist, a Fellow of this college, had told her that she had cancer of the liver *six years ago*. Not only did he not say so, but I did not believe that he did. Yet I have heard that gentleman condemn, unheard and unknown, some surgeon who had operated on a nervous case, taking it for granted that the surgeon had overlooked the true character of the disease.

This same case of hysterectomy for cancer is 60 years old, and has had periods of mental depression almost amounting to hypochondria, with habit of wandering off unexpectedly from a nameless unrest and desire to "go away from herself." These symptoms antedated her operation, from which she is just recovering. I have never told her that she had cancer, to save the mental effect. I venture to prophesy, however, that if she does not die too soon from recurrence of the growth, she will fall into the hands of a neurologist for those nervous symptoms, and that he will be an unusually charitable man if he does not discover in her a new example of serious mental disease caused by removal of the sexual organs. He may even suppose that the hysterectomy was done for the hypochondria, if he admits this preceded the operation. My own opinion he will never know, which is, that the physician who would allow his patient to bleed excessively for fifteen years from a benign growth, as in this case, with all the mental agony and dread of cancer that the patient says she has endured, is responsible for the hypochondria, if not for the malignant disease finally engrafted on the benign.

Many patients with grave hysterical conditions have been restored to health by the removal of pelvic disease at my hands, followed by other treatment. There are many grateful letters now in my possession testifying to their recovery. The operations were never done to cure organic nerve lesions, nor were they ever normal oöphorectomy, but they have been done to remove tumors, to take away pus-sacs, to hold up diseased uteri, or, in other words, to remove some active factor which had either undermined the patient's vitality by sepsis, bleeding, or constant irritation, or which had prevented her taking the exercise necessary for the health of the nervous system. Where actual disease of the sexual apparatus is present, it seems hard to overlook the enormous mental effect, and the causal relation through a chain of correlated factors, such as worry, sedentary life,

constipation, lithemia, and the like, with many of the neurasthenic conditions so common in women of the present day.

REMARKS BY

JAMES TYSON, M.D.

Being requested to speak on the subject under discussion from the stand-point of general medicine, I infer that it is expected I shall consider the consequential effect of pelvic disease on disease of different organs through the nervous system. It seemed to me that there was but one way in which I could do this with any expectation of adding to the discussion, viz., by reporting briefly one or more cases bearing on it. It so happens that three such cases have recently been under my care, in all of which, however, the reflex symptoms bore on one set of organs only,—the digestive.

The first case was a handsome married woman, 37 years old, who consulted me in midsummer for severe headache associated with gastric symptoms, including nausea and even vomiting with epigastric distress, flatulent distention, and constipation. These symptoms had existed for some time. Before seeing me she consulted an accomplished gynecologist, who discovered a double pyosalpinx. Early in July both ovaries and Fallopian tubes were removed. She made a good recovery after the operation, but her dyspeptic symptoms remained altogether unrelieved. It was on this account that she consulted me. While the operation was amply justified by other causes and was done on account of them, it was fondly hoped that it would also remove the symptoms described. The hopes were unfounded, and she continued to suffer just as before. The case proved to be an obstinate one, but yielded after a time to remedies which depleted the upper alimentary canal and liver. Among these, morning doses of Carlsbad salt in hot water were conspicuous. She was not, however, thoroughly cured when I last saw her, some time since.

Another patient was a woman of 34 years; married at the age of 20. During the first five years of her married life she bore three children at full term, and had one miscarriage. In the birth of her first child she was badly lacerated. For ten years she has suffered from indigestion. Her appetite was capricious, sometimes enormous, at others she had none at all. At other times she craved certain kinds of food. She had acid eructations and suffered from flatulence. She had dull, aching pain some hours after a meal, when her stomach was empty. It was not relieved, rather aggravated, by taking food. She was relieved, on the other hand, by

vomiting. The pain beginning in the epigastrium, passed up the left side of the chest and sometimes to the back between the scapulæ. She has been subject, of late years, to what she calls "nervous spells." They occur under any circumstances; it may be in church or in the street. Also at times as an apparent consequence of prolonged fasting, practised because of the discomfort occasioned by taking food, which she puts off on this account as long as possible. They are characterized by faintness and pallor, but she does not lose consciousness. In January, 1896, she began to use the stomach-tube, and obtaining great relief thereby has practised its use ever since.

In October, she was admitted to Dr. Charles B. Penrose's ward on account of the pelvic disease, and on the 20th the cervix was amputated. After recovery from the operation she was transferred to the medical ward for treatment of the dyspeptic symptoms. An examination after a test-meal discovered a deficiency of hydrochloric acid, so that the acidity from which he suffered was probably due to organic acids. There was no dilatation of the stomach.

A third case bearing on this subject is that of a young married woman of 27 years, who has never had children. When 15 years old she had a first attack of rheumatism, and had another each year for three years in succession. She suffered from what she called ovarian trouble since she was 16 years old, for which she was treated at the Woman's Hospital six years ago,—that is, when 22 years of age. She also suffered from an annual attack of malaria for several years, having had the last about five years ago. For three years previous to admission to the University Hospital, in December 1896, she suffered from dyspepsia, but since May the symptoms have been much worse. They include severe and almost constant pain, which begins in the epigastrium near the left costal border and extends thence upward towards the left breast and around under the angle of the left scapula, probably due to flatulence. Up to a month ago there was frequent regurgitation of food immediately after eating. Her appetite is poor and she is inclined to constipation. A peculiar symptom is a "nervous catch," consisting in a sudden contraction of the muscles of the lower thorax and abdomen, more frequent when she is excited.

On December 4, 1896, Professor Penrose removed both ovaries and did the operation of ventrofixation of the uterus. She made a good recovery after this operation; but the dyspeptic symptoms continuing, she was transferred to the medical wards. She was thoroughly examined, her hemoglobin measured, and blood-corpuscles counted; the former being found 60 per cent., and the latter 3,750,000. Both were, therefore, slightly lowered. Analysis of the gastric contents after a

test meal showed slightly-reduced hydrochloric acid, but digestion was completed within the normal limit. There was no dilatation of the stomach. All of the old symptoms continued, and after a trial of a great variety of forms of treatment she was discharged in much the same condition as that in which she was admitted.

Thus there came under my care three cases in comparatively rapid succession in which marked digestive symptoms were associated with pelvic disease, which might reasonably be held responsible for them. Yet a thorough cure of the pelvic disease failed to relieve the digestive symptoms. I would not have it thought that because I adduce these cases I deny all causal relation between pelvic disease and disease elsewhere, a relation commonly characterized as reflex. On the other hand, I believe such relation exists. Yet they show clearly that the two conditions may exist independently of each other.

From such cases as these reported, however, we learn, first, that, given the association of pelvic disease and disease elsewhere, too much must not be promised in the way of relief to the latter as likely to follow operative or other cure of the pelvic disease.

Second, we are not justified in recommending operative treatment for pelvic disease only. My cases show that such expectations may be sadly disappointed. *In none of the cases reported was the operation done for the dyspeptic symptoms. It was justified by the pelvic disease itself, and done on account of it.*

Third, that the seeming reflex affection should be thoroughly studied independently of the pelvic disease, which is suspected to be responsible for it. Thus, in the case of the stomach, a careful study should be made of its physical state, of the quantity of its secretion, and the physiological activity of the latter, and of the motor and absorbing capability of the organ. Often, doubtless, in shortcomings of these will be found an explanation of the symptoms which may be corrected by their removal.

REMARKS BY

JAMES M. ANDERS, M.D.

I regret that I did not hear the discussion from the beginning, but I infer from what Dr. Meigs has just said that the weight of opinion of those who have spoken was against the notion that nervous disorders are frequently dependent upon pelvic disease. The question under discussion presents aspects that are but little less interesting to the general practitioner than to the neurologist or the gynecologist.

Obviously, the general practitioner's view of the subject is more limited than that of the specialist; but, on the other hand, the

latter, in order to understand all the reflex symptoms due to pelvic disease, must encroach upon the domain of general medicine. To discriminate the symptoms due to pelvic disease and presented by the lungs, heart, and stomach, from symptoms quite similar in character but due to causes residing outside the pelvis, several points must be established. In the first place, one must determine whether the particular organ presenting the symptoms does not show some pathological change. If it does not, the general practitioner should, before ascribing the phenomena to pelvic lesions, look elsewhere for the immediate exciting cause. Take the heart as an example. The subjective symptoms of all forms of functional and organic disease of this organ may be counterfeited by reflex symptoms occasioned by irritation in the uterus and its adnexa. By a careful physical examination, however, we are able to determine the presence or absence of structural disease. If the case be found to be functional in nature, we should think of the possibility of its origin being in the pelvis, but the general practitioner should, before so deciding, eliminate every other known cause. The important fact has been brought out by the report of one of Dr. Tyson's cases that removal of the original pelvic cause often fails to cure a reflex neurosis. This fact makes many of the cases particularly puzzling.

The cardiac disturbances most commonly met with are palpitation, a rhythmia, and pseudo-angina pectoris. A rare condition is tachycardia, and I recall a case which developed about one year before the menopause. The attacks occurred regularly with the menses, but since menstruation ceased they have recurred at irregular and much longer intervals.

The lungs are sometimes the seat of reflex disturbances, and the most familiar example is asthma.

There is a small class of cases which presents the subjective features of an intense bronchial irritation, occurring either from time to time or undergoing marked aggravations and ameliorations. A dry, harsh, and very troublesome cough is present, which seems often to be dependent upon the congestion attendant upon menstruation. The patient thinks that the exacerbations are due to catching cold, but close observation shows that they are closely connected with the uterine congestion. The physical signs are absolutely negative. Hysteria may or may not be associated. It is important that this class of case be recognized, since, as I have learned from personal experience, remedies directed to the bronchial mucosa are not curative, but are often followed by temporary relief only. Whether all of these patients would be cured by attention to the pelvic condition is doubtful.

The stomach is sometimes the seat of hysteroneuroses of reflex uterine origin, and the symptoms that I have observed most frequently are more or less gaseous distention of the stomach and intestine, nausea, and vomiting. In some of the instances cardiac palpitation is associated; in others cramp-like abdominal pains. We have a very small class of cases in which the subjective symptoms and physical signs are identical with those of chronic dyspepsia. But if we analyze the gastric contents, as I have done in two cases, we shall find them normal. Neither does the fasting stomach contain anything abnormal. Symptoms pointing to pelvic lesion are usually present, but may be trivial indeed. The question of the relation of pelvic disease to nervous disorders has another side,—a fact which has been decisively emphasized to-night. Pelvic disorders, both functional and organic, may be secondary to strong emotional disturbance, including the nervous shocks occasioned by intense grief, violent passion, great joy, and the like. Analogous disorders of function and of nutrition in other organs of the body are constantly being witnessed by the general practitioner. This side of the subject is quite as important as the one to which I first invited attention and dwelt upon, but to discuss it fully would lead me too far.

REMARKS BY

SOLOMON SOLIS-COHEN, M.D.

In connection with the subject before the college, we desire to submit the following report of a case under the surgical care of Dr. Steinbach and the medical care of Dr. Cohen, and in which we invited the assistance and counsel of Dr. Weir Mitchell, who kindly permits us to quote his opinion.

The case is one of mental, or rather moral, disorder (kleptomania) in an hysterical woman, the subject of chronic uterine and rectal disease. It is of some interest from the stand-point of medical jurisprudence, as the unfortunate patient was proceeded against legally in England, and having by advice of counsel submitted a plea of guilty of larceny, received a severe sentence of imprisonment; being liberated, however, through the interference of the Home Secretary, upon the medical testimony submitted. Her husband being an American citizen of high reputation, the good offices of the American embassy were used in her behalf, and the case at the time excited considerable attention in the public prints.

Upon Mrs. C.'s liberation, husband and wife sailed for home, and, before proceeding to the western city in which they reside, came to Philadelphia for the purpose of consulting Dr. Steinbach, who saw

the patient for the first time on November 29, two days after she had landed from England. The next day he made a careful examination.

He found that the uterus was hypertrophied to one and a half times its normal size; the mucous membrane was irregularly roughened and bled on the slightest touch by the sound. The cervix had a bilateral laceration, more extensive on the left side. The tear was well cicatrized. The rectum was found to be fissured below, ulcerated above. There were evidences of former ulcers that had cicatrized and several large turgescient arterio-venous varicosities (hemorrhoids) which bled freely. Dr. Steinbach advised removal of the patient to the Polyclinic Hospital, where, after preparatory treatment for a few days, the patient was anesthetized with ether, the sphincter ani dilated, the fissures cauterized with a Paquelin thermo-cautery, the ulcers treated likewise, and the hemorrhoids clamped and cauterized.

The uterus was curetted and then the trachelorrhaphy performed by denudation of the cicatricial tissue and suturing with silkworm-gut. The patient subsequent to the operation complained of discomfort to a greater extent than is usual with those undergoing similar treatment. The temperature remained normal throughout convalescence.

Before operation and subsequently, upon various examinations by Drs. Mitchell and Cohen in consultation with Dr. Steinbach, a history was gradually obtained substantially and succinctly as follows:

The patient is 34 years of age, and has been married eleven years. She has had one child, 10 years old, and no other pregnancy. During pregnancy she suffered much from hemorrhoids, and was operated upon, and since then has been subject to prolapse of the rectum, at times causing much distress.

Previous to fifteen months ago she had suffered little from dysmenorrhea. The menstrual flow was excessive, but otherwise normal. She had never been accustomed to rest during menstruation, although she would often faint on going into a warm room or being excited at this time. About fifteen months ago, following a wetting during menstruation, the flow ceased, and the patient was confined to bed for some days with headache and feverish symptoms. Since then there had been no real menstrual flow; there was more or less offensive discharge at irregular times, and after two or three months a slight wetting of the diaper at what should have been the menstrual period. For some days preceding this there was considerable pain in the back and abdomen, the patient showed great nervous irritability and excitement, and the tendency to headache and to fainting became exaggerated. The patient was at times subject to palpitation of the heart.

Inquiry into the patient's mode of life showed that she had been

ever "on the go," her day being one of excitement rather than mental occupation. She had always been fond of social pleasures and of shopping, but her husband, though by no means so wealthy as report declares, has been fully able to gratify her in these respects without any necessity for her to resort to larceny.

In person, Mrs. C. is of medium height, somewhat fleshy but of good form, the skin is fair and smooth, the muscles well developed though somewhat flabby. The cheeks are constantly flushed, the left face is moved less than the right, this difference being easily observed; the eyes are roving and restless. In London (the husband states) she heard voices and would go to the door to listen. Later these were also heard at night. She was born with some foot trouble, walked at 5 years, and wore irons.

Dr. Cohen found no disease of the heart or lungs, although the second sound of the heart was somewhat accentuated, and the patient exhibited the familiar signs of vasomotor instability. Digestion was normal. Nothing pathologic was detected by either of us in the urine. At our request Dr. D. D. Stewart also carefully examined the urine, with the result of finding it practically a typically normal fluid; the quantity which had been scanty just after the operation having increased at the time of our examination to 1200 cubic centimetres in twenty-four hours during rest.

Concerning the offence for which the patient was prosecuted in England, it is unnecessary to enter into details further than to say that through sending to a shop to be matched an article which had been abstracted from that very place, and to which the price mark remained attached, suspicion was aroused, and various articles, some of value, some of no value, and many for which she could have no possible use (including a toasting-iron, some common towels, and plated spoons marked with the name of a hotel on the continent), were found in the patient's trunk. She was, therefore, arrested and brought to trial, with the result stated.

The husband consulted Dr. G. H. Savage, Dr. L. M. Gabriel, and Dr. W. C. Grigg, who united in the opinion that she was mentally and morally irresponsible for the offence, and that the exciting cause of her mental unbalancing was uterine disease with aggravation from the condition of the rectum. Dr. Savage concludes his opinion by saying, "I am used to seeing cases of so-called kleptomania. They are not uncommon among people, more particularly women, belonging to the upper and middle classes. They are commonly met with in women who have some uterine trouble, which might lead to hysteria or allied nervous troubles. The characteristics of the disorder are chiefly seen in the unreasonable nature of the acts, things of various

value and interest being taken, and the risk of detection run being out of all proportion to the value of the goods taken. I do not think that Mrs. C. had reasonable knowledge of the acts of which she was accused, and I believe she would suffer seriously from detention in a prison or asylum. She is of the class to which kleptomaniacs belong, and one must not expect to find other signs of insanity in her."

Dr. Gabriel testified that he had seen the patient some six months previously, shortly after her arrival in England; that she was then suffering from frequent attacks of headache and irregularity and scantiness of the menstrual flow; that she was extremely neurotic, and that he had then advised rest and freedom from excitement.

Dr. Grigg's opinion was substantially the same as those quoted above. He likewise says, "I should mention that on the 3d of November, when I last saw Mrs. C., her monthly period had commenced. This would point to the fact that at the time she took the articles charged in the indictments,—namely, between the 30th of September and the 5th of October,—she must have been going through her monthly period, at which time her illness would be most likely to cause mental disturbance." In a letter to Dr. Steinbach he describes the uterine conditions as follows: "The fundus is extremely tender; by conjoint examination, the cervix and body as far as one can reach under these circumstances, very hard (a tear on the left side of the os), indicating to my mind some previous inflammation of these organs.

"The uterine sound passes four and a quarter inches, the fundus of the uterus is irregular, and in some parts rough and nodular. It is very sensitive to the touch, producing considerable pain, which continues for many hours. There is slight hemorrhage, although great care was taken in making the exploration. She has also a constant offensive discharge. She will inform you that for the last twelve months, in consequence of severe wetting during menstruation, she has had a very slight loss at these times. I saw the diapers and verify to the truth of these statements. As she could not remain in England for proper treatment, I have advised Mr. C. to consult you."

In his testimony submitted to the Home Secretary, he adds, "She is intensely neurotic. The condition of things—a disease of the upper portion of the uterus—is a very common accompaniment of various forms of mania in women, such as melancholia, religious mania, nymphomania, and I have seen it in several cases of kleptomania. It is invariably coupled with much mental disturbance. The condition I discovered is quite sufficient to account for any form of mental vagaries which are so well known to affect a certain class of women (neurotic) with disordered menstruation. Her bowel condition would aggravate this."

In explanation of the plea of guilty entered at the trial in England, Mr. C. stated that it was by advice of counsel, as a successful defence under the plea of kleptomania would have necessitated the immediate commitment of his wife to an asylum for the insane, and the physicians whom he consulted were of the opinion that this would tend to aggravate rather than relieve her mental disorder.

The facts given above are sufficient to show the main points upon which Dr. Mitchell has based his analysis of the mental phenomena of this case, with which it is almost superfluous to state that we are in complete concurrence.

The following extracts are taken from Dr. Mitchell's opinion :

"January 20, 1897.—I have carefully examined Mrs. C., and have considered the papers which bear upon her case. I have also had a long talk with her, with her husband, with the physician and surgeon who have had her in more immediate charge, and I have read the report of the English experts ; also, I have had the advantage of reading the newspaper cuttings, giving the details of the trial, and I have read the Home Secretary's order for her release.

"It is clear to me that Mrs. C. has, for some time, been in the habit of taking objects of no use and of little or great value. . . . It is known that for these thefts there was no excuse, as she has been reasonably supplied with money for a person in her condition of life.

"I do not believe that Mrs. C. had any clear notion of the nature of her acts, or of their consequences, and I am of opinion that very positive and long-neglected uterine and rectal disease had much to do with the disorder of mind from which she has suffered, and which is apt to be associated with hysterical conditions. . . .

"Had I been in England at the time of trial, I should not have agreed with the lawyer as to her plea. In my opinion she should have pleaded insanity, accepted the commitment to an insane asylum for two or three months, and been released therefrom. She is now under a stigma, from which it will be difficult to escape,—that of having pleaded guilty. This involves long explanations ; the plea of insanity would have involved none. . . .

"I think her hysterical, weak, and unbalanced, but not criminal. It is characteristic of her form of mental disorder that she should show no other obvious signs of insanity than the overwhelming tendency which belongs to her form of monomania."

The surgical treatment of the case has already been described. The medical treatment consisted simply in rest, nourishment, and massage.

The menses appeared on December 10, and ceased four days later, reappearing in due time, and again lasting four days. The flow

seemed normal in character and quantity. The patient had left the hospital on December 28, and the course of treatment above outlined was then continued for some three weeks at the home of her sister.

On January 25 she left Philadelphia for her home, apparently perfectly recovered physically, and with these symptoms of mental improvement that, whereas when first seen she seemed rather to enjoy the excitement of the doctors' visits and questioning, *pari passu* with her physical improvement there seemed to develop abashment, if not shame; and contrition for the acts was added to the regret for the trouble brought upon her husband, which had previously seemed to be her only cause of grief.

To the purely scientific account of this case and in explanation of our departure from usual reserve, it seems proper to add that this full and frank report of a case easy to identify has been made with the concurrence, and, indeed, at the wish of the patient's husband. Although subjected in both the secular and medical press to harsh and unmerited criticism, he has by our advice refrained, as have we, from stating to the many newspaper men who have sought interviews the facts that amply justify him, as well as the physicians who testified to the British Home Secretary concerning the patient's condition, and the friends who interested themselves in her and his behalf; and furnish a complete reply to the remarks attributed to the trial justice.

This communication, however, places the material facts upon record in a becoming manner, so that if necessity should arise they may be referred to for any proper purpose.

They seem to us more than sufficient to show how baseless and cruel were many of the comments upon the case and upon the plea of kleptomania that appeared in certain medical journals; and to suggest that even trial justices might do wisely in withholding opinions upon matters concerning which they are uninstructed or without knowledge of all the facts.

Finally, acknowledgment should be made of the courteous deference to our wishes by the representatives of the press, upon explanation of the ethical reasons for withholding the information they sought.

DISCUSSION.

ARTHUR V. MEIGS, M.D.—All that I might have said has already been so much better said than it would be possible for me to say it that I shall not take the risk of repeating. I merely wish to add my testimony to what is the prevailing sentiment as it has been expressed by the Fellows who have spoken, that more nervous dis-

orders have been attributed to pelvic disease than can really be shown to be due to that cause, and that many operations have been performed in the past that had better been left undone.

S. WEIR MITCHELL, M.D.—I beg to say to Dr. Shoemaker that no one ought to expect rest treatment to do everything for everybody. No one thinks that this is the way to use the rest treatment. I constantly feel it necessary to have pelvic examinations made of women before they finally leave our hands, and of course do so.

I am quite sure that the success of surgical operations would be far greater if the women had had previous rest treatment, as I have observed, when a grave operation follows this treatment, that the patient gets well sooner. I can produce detailed notes of some cases in which Sims and Goodell declared that the ovaries must be removed and yet every one of these cases were subsequently cured by the rest treatment. Four of them, two of whom were sisters, have since married and have had children. Dr. Montgomery states that the insanity in one of his cases was cleared up within three weeks after the operation. In melancholia, and in some other forms of insanity, however, it is not rare to find the trouble cease after an operation. I have in mind a case which apparently got well immediately after an operation for removal of the breast. Another case of profound melancholia with a tendency to commit suicide, apparently made immediate recovery after operation for hemorrhoids, and has had since then no sign of the grave trouble which pre-existed.

